

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05-28-04.

I. DISPUTE

Whether there should be reimbursement for in-patient services for dates of service 10-22-03 through 11-05-03.

II. FINDINGS

On 07-27-04, the Division submitted a Notice to the requestor to notify the requestor that the dispute contained unresolved medical fee issues only. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

In-patient services for dates of service 10-22-03 through 11-05-03 denied with denial code "A" (preauthorization not obtained). The requestor did not submit proof of preauthorization. No reimbursement is recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for in-patient services for dates of service 10-22-03 through 11-05-03.

The above Findings and Decision are hereby issued this 30th day of November 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh